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DEPARTMENT OF HEALTH SERVICES
Public Health

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ADPA BULLETIN NO. 03-08

July 18, 2003

TO: Los Angeles County Drug/Medi-Cal
Contract Treatment Providers

FROM: Patrick L. Ogawa, Director
Alcohol and Drug Program Administration

SUBJECT: **REVISED DRUG/MEDI-CAL RATES**

This is to provide you with a copy of the State's **Proposed Drug Medi-Cal Rates for Fiscal Year: 2003-04** (Attachment I). It is also to advise you that we are amending the rates in your current Fiscal Year 2003-04 Drug/Medi-Cal contracts.

Based on the revised State cap rates minus allowable County administrative fees, the maximum contract rates will be as follows:

Service Function	Perinatal	Non-Perinatal
Narcotic Treatment Program		
Methadone – 365 days	\$ 9.78	\$ 8.70
LAAM – 182 days	N/A	\$ 20.54
Counseling: Individual	\$ 19.28	\$ 12.76
Counseling: Group	\$ 5.37	\$ 3.26
Outpatient Drug Free		
Individual	\$ 95.47	\$ 63.22
Group	\$ 47.90	\$ 29.10
Day Care Habilitative	\$ 67.00	\$ 61.06
Naltrexone	N/A	\$19.07
Perinatal Residential	\$68.56	N/A

Drug/Medi-Cal Contract Treatment Providers
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In addition, I have attached a list of estimated Drug/Medi-Cal slot costs for Fiscal Year 2003-04 (Attachment II).

If you have any questions or need additional information, please let me know or you may call Roland Marsh at (626) 299-4129.

PLO:rn
dmc0304\rm file

Attachments

c: Leo Busa
George Weir
Dorothy de Leon
Roland Marsh

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Wednesday, July 16, 2003

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Attachment I

GRAY DAVIS,
Governor



ADP BULLETIN

Title Proposed Drug Medi-Cal Rates for Fiscal Year 2003-04		Issue Date: 6-27-03 Expiration Date: June 30, 2004	Issue No. 03-7
Deputy Director Approval (signed by) JESSE A. McGUINN, Deputy Director Program Operations Division	Function <input type="checkbox"/> Information Management <input type="checkbox"/> Quality Assurance <input type="checkbox"/> Service Delivery <input checked="" type="checkbox"/> Fiscal <input type="checkbox"/> Administration	Supersedes Bulletin/ADP Letter No.	

PURPOSE

The purpose of this bulletin is to disseminate the proposed Fiscal Year (FY) 2003-04 reimbursement rates for Drug Medi-Cal (DMC) services. These rates will be published as emergency regulations in Section 51516.1 of Title 22, California Code of Regulations, and will replace those currently in Title 22. The rates will be effective July 1, 2003.

DISCUSSION

Exhibit 1 includes the proposed reimbursement rates for FY 2003-04, which reflect the

Department's analysis of costs and utilization of the various DMC services.

The proposed regulations must be reviewed and approved by the Department of Health Services (DHS), the California Health and Human Services Agency, the Department of Finance, and the Office of Administrative Law prior to publication. After these emergency regulations are published, the public has a 45-day period to provide comments to DHS. Responses to the comments will be prepared and sent to those individuals or organizations that submit comments. Following another 15-day comment period, the regulations will be issued in their final form.

REFERENCES

Section 51516.1, Title 22, California Code of Regulations
Section 14021.5, Welfare and Institutions Code
Section 11758.42, Health and Safety Code

HISTORY

Section 51516.1 of Title 22, California Code of Regulations, effective July 1, 1997.

QUESTIONS/MAINTENANCE

If you have any questions or problems, please send an e-mail to:
dmcinva@adp.state.ca.us or call Barbara Norton of the Program and Fiscal Policy
Branch, Program Operations Division, at (916) 323-2019.

EXHIBIT

Proposed Drug Medi-Cal Rates for Fiscal Year 2003-04

DISTRIBUTION

County Alcohol and Drug Program Administrators
County Fiscal Representatives
Drug Medi-Cal Providers
Director's Advisory Council
Wagerman Associates, Inc.



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PROPOSED DRUG MEDI-CAL RATES FOR FISCAL YEAR 2003-04

July 1, 2003

Program Code: 20 (Alcohol and Drug Services)

Description	Service Function Code	Unit of Service (UOS)	FY 2003-04 UOS Rate
Narcotic Treatment Program (NTP) - Methadone	20, 21	Daily	\$9.58
NTP - Methadone - SACPA Clients	22	(Monthly Rate - \$291.39)	0.88 (*)
NTP - Leo-Alpha Acetyl Methadol (LAAM)	23, 24	Dose	\$22.61
NTP - LAAM - SACPA Clients	25	(Monthly Rate - \$293.93)	2.07 (*)
NTP - Individual Counseling (**)	26	One 10-minute	\$14.05
NTP - Individual Counseling - SACPA Clients (**)	27	Increment	1.29(*)
NTP - Group Counseling (**)	28	One 10-minute	\$3.59
NTP - Group Counseling - SACPA Clients (**)	29	Increment	0.33(*)
Day Care Rehabilitative (DCR)	30 - 38	Face-to-Face	\$67.85
Day Care Rehabilitative (DCH) - SACPA Clients	39	Visit	
Naltrexone (NAL)	50 - 58	Face-to-Face	\$21.19
Naltrexone (NAL) - SACPA Clients	59	Visit	
Outpatient Drug Free (ODF) Individual Counseling	80 - 83	Face-to-Face Visit	\$70.25
ODF Individual Counseling - SACPA Clients	84	(Per Person)	
Outpatient Drug Free (ODF) Group Counseling	85 - 88	Face-to-Face Visit	\$32.33
ODF Group Counseling - SACPA Clients	89	(Per Person)	

Program Code: 25 (Perinatal Services)

Description	Service Function Code	Unit of Service (UOS)	FY 2003-04 UOS Rate
Narcotic Treatment Program (NTP) - Methadone	20, 21	Daily	\$10.76
NTP - Methadone - SACPA Clients	22	(Monthly Rate - \$327.28)	0.98(*)
NTP - Individual Counseling (**)	26	One 10-minute	\$21.22
NTP - Individual Counseling - SACPA Clients (**)	27	Increment	1.94(*)
NTP - Group Counseling (**)	28	One 10-minute	\$5.91
NTP - Group Counseling - SACPA Clients (**)	29	Increment	0.54(*)
Day Care Rehabilitative (DCH)	30 - 38	Face-to-Face	\$74.44
Day Care Rehabilitative (DCH) - SACPA Clients	39	Visit	
Perinatal Residential (RES)	40 - 48	Daily	\$76.18
RES - SACPA Clients	49		
Outpatient Drug Free (ODF) Individual Counseling	80 - 83	Face-to-Face Visit	\$106.08
ODF Individual Counseling - SACPA Clients	84	(Per Person)	
Outpatient Drug Free (ODF) Group Counseling	85 - 88	Face-to-Face Visit	\$53.22
ODF Group Counseling - SACPA Clients	89	(Per Person)	

The proposed FY 2003-04 rates will be submitted by the Office of Administrative Law to the Secretary of State for emergency filing and will be effective as of July 1, 2003. However, the proposed rates are subject to the rate development process and may change.

(*) = Denotes the Administrative Costs which are incorporated within the rate.

(**) = ADP shall reimburse NTP providers for up to 200 minutes of counseling per calendar month, per beneficiary, under Methadone and LAAM services only. Counseling shall be individual and/or group.

FISCAL YEAR 2003-04 DRUG/MEDI-CAL SLOT COSTS (ESTIMATED)**NON-PERINATAL**

1. NTP:
 - Methadone: $(\$8.70 \text{ a day} \times 365 \text{ days}) + (\text{counseling: } \$12.76 \text{ per 10-minute increment} \times 20 \text{ increments a month} \times 12 \text{ months}) = \$6,237.90$
 - LAAM: $(\$20.54 \text{ a day} \times 182) + (\text{counseling: } \$12.76 \text{ per 10-minute increment} \times 20 \text{ increments a month} \times 12 \text{ months}) = \$6,800.68$
2. DCH: $\$61.06 \text{ a visit} \times 3 \text{ visits a week} \times 52 \text{ weeks} = \$9,525.36$
3. Naltrexone: $\$19.07 \text{ a day} \times 365 \text{ days} = \$6,960.55$
4. ODF: $(12 \text{ individual sessions: } \$63.22) + (92 \text{ group sessions} \times \$29.10) = \$3,435.84$

PERINATAL

1. PNPT:
 - Methadone: $(\$9.78 \text{ a day} \times 365 \text{ days}) + (\text{counseling: } \$19.28 \text{ per 10-minute increment} \times 20 \text{ increments a month} \times 12 \text{ months}) = \$8,196.90$
2. DCHP: $\$67.00 \text{ a visit} \times 3 \text{ visits a week} \times 52 \text{ weeks} = \$10,452.00$
3. RPH: $\$68.56 \text{ a day} \times 365 \text{ days} = \$25,024.40$
4. ODFP: $(12 \text{ individual sessions} \times \$95.47) + (92 \text{ group sessions} \times \$47.90) = \$5,552.44$

RJM:rs
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